



MINISTRY OF PUBLIC HEALTH & SANITATION

# FAMILY PLANNING COMMODITY QUANTIFICATION AND SUPPLY PLANNING FOR FY2012/13 TO 2014/15

## Technical Report

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February 2013

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MSH/Health Commodities and Services Management

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## **About MSH/HCSM**

The MSH/HCSM Program strives to build capacity within Kenya to effectively manage all aspects of health commodity management systems, pharmaceutical and laboratory services. MSH/HCSM focuses on improving governance in the pharmaceutical and laboratory sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines and related supplies.

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Enquiries regarding this *Report on the Family Planning Commodity Quantification and Supply Planning for FY2012/13 to 2014/15* should be addressed to:

The Head,  
Division of Reproductive Health,  
Ministry of Public Health and Sanitation,  
P.O. Box 43319-00100 GPO,  
Nairobi, Kenya.  
Telephone: +254 020 2725105/6/7  
Email: [head\\_drh@dfh.or.ke](mailto:head_drh@dfh.or.ke)

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## **ACRONYMS**

AMC	Average Monthly Consumption
AOP	Annual Operational Plan
BTL	Bilateral Tubal Ligation
CCSS	Contraceptive Commodity Security Strategy
COCs	Combined Oral Contraceptives
CPR	Contraceptive Prevalence Rate
CYP	Couple-Years Of Protection
DFID	Department for International Development
DMPA	Depot Medroxy Progesterone Acetate
DoP	Department Of Pharmacy
DRH	Division Of Reproductive Health
ECP	Emergency Contraceptive Pills
F&Q	Forecasting And Quantification
FHOK	Family Health Options Kenya
FP	Family Planning
FY	Financial Year
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
IUCD	Intrauterine Contraceptive Device
KDHS	Kenya Demographic And Health Survey
KEMSA	Kenya Medical Supplies Agency
KEPH	Kenya Essential Package For Health
KfW	Kreditanstalt Für Wiederaufbau
KNBS	Kenya National Bureau Of Statistics
KURHI	Kenya Urban Reproductive Health Initiative
LAM	Lactational Amenorrhea Method
LAPM	Long Acting And Permanent Methods
LMU	Logistics Management Unit
MDGs	Millennium Development Goals
MoMS	Ministry Of Medical Services
MoPHS	Ministry Of Public Health And Sanitation
MSH/HCSM	Management Sciences For Health/Health Commodities and Services Management (Program)
MSK	Marie Stopes Kenya
NASCOP	National Aids & Sexually Transmitted Infections Control Program
OJT	On The Job Training
POP	Progestin Only Pills
PSI	Population Services International
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SCMS	Supply Chain Management Systems

SDM	Standard Days Method
SORF	(KEMSA's) Standard Order and Request Form
SOPs	Standard Operating Procedures
TFR	Total Fertility Rate
TOWA	Total War Against HIV & AIDS (Project)
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	United States Dollar
WB	The World Bank
WHO	World Health Organization
WRA	Women Of Reproductive Age

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## **EXECUTIVE SUMMARY**

As part of its mandate in ensuring FP commodity security, DRH carried out a requantification exercise in February 2013. This was due to change in the national CPR targets as well as destruction of some FP commodities in a fire at the central KEMSA warehouse in January 2013. The revised CPR target is 52% by 2015 for currently married women of reproductive age using any modern method, translating to a CPR of 58.9% for sexually active women of reproductive age using any modern method.

Reality check tool was used to produce a population-based forecast for FY2012/13 up to FY2014/15. Service statistics for 2012 from DHIS-2 were used to validate the population based forecast. The supply plans generated (except for condoms) were calculated using adjusted DHIS-2 service statistics on consumption for the period January - December 2012. For condoms, the figures used were based on the NASCOP July 2012 national F&Q exercise, but factoring in the destroyed condoms.

Data collected for the quantification exercise included, Stock on Hand (SOH) at Central level (KEMSA), Stocks on Hand (SOH) at peripheral level (health facilities and district stores) and shipments of commodities ordered but not yet received from GOK and various donors.

The annual FP requirements were costed at USD 17,857,298 for FY2012/13; USD 19,854,997 for FY2013/14; and USD 21,958,995 for FY2014/15; giving a total of USD 59,671,289 for the three years under consideration.

The expected cost of supply plan (excluding condoms) for the FY2012/13 is USD 15,813,405 and for the FY2013/14 is USD 33,107,718 giving a total of USD 48,921,123 for the two years. This cost factored in the quantities required to maintain optimal min-max levels (i.e. 15 MOS and 27 MOS respectively) in the supply pipeline and ensure uninterrupted supply pipeline. Factoring in the commitments given by various donors (USD 14,880,210 in FY2012/13; and USD 12,901,402 in FY2013/14), the funding gaps remaining for FY2012/13 are USD 933,195 and for FY2013/14 is USD 20,206,317.

The cost of total national supply plan for condoms based on NASCOP quantification results for July 2012 quantification (and destroyed condoms) was established as USD 21,070,063 for FY2012/13 and USD 6,883,192 for FY2013/14 giving a total cost of USD 27,953,254 for the two years (FY2012-2014). Again, factoring in the commitments given (USD 5,691,644 for FY2012/13), the funding gap remaining for FY2012/13 is USD 15,378,419 and USD 6,883,192 for the FY2013/14.

The review team made a number of recommendations including; monthly monitoring of supply plan, mobilization of resources for all shipments that are planned but unfunded in the current supply plan, resource mobilization for procurement of condoms to be further discussed between NASCOP and DRH, adherence to the agreed timelines for committed procurements and regular updates from the procuring agencies to ensure uninterrupted supply.



## **INTRODUCTION**

The Division of Reproductive Health (DRH) works to promote the reproductive health of all Kenyans by responding comprehensively and effectively to their needs for information and reproductive health services. The DRH has several programs, namely Safe Motherhood and Child Survival, Adolescent/Youth Sexual & Reproductive Health, STI/HIV&AIDS, Gender & Reproductive Rights, Infertility, Reproductive Tract cancers, Reproductive health needs of elderly persons and Family Planning.

The main objectives of the Family Planning (FP) program are to coordinate FP activities, develop FP policy guidelines, conduct facilitative supervision and research and manage FP commodities' distribution and logistics. These objectives are carried out in collaboration with various partners. The recently revised goal of DRH for FP is to realize a CPR of 52% by 2015 for currently married women of reproductive age using any modern method.<sup>1</sup>

The FP program is also charged with the responsibility of ensuring contraceptive commodity security in Kenya. This involves forecasting of Contraceptive commodity needs, quantification of commodity requirements, monitoring and coordinating procurement, and monitoring the storage and distribution of these FP commodities.

As part of its mandate in ensuring FP commodity security, DRH carried out a requantification exercise in February 2013. This was due to change in the national CPR targets as well as destruction of some FP commodities in a fire at the central KEMSA warehouse in January 2013.

## **OBJECTIVES**

The objective of the quantification workshop was to determine the FP commodity requirements and quantities to be procured for FY 2012/13 and FY2013/14 per recommendation from the February 1<sup>st</sup> 2013 commodity security committee meeting, which discussed revision of national targets. And based on the generated requirements, current in-country stocks and planned/pending shipments from the government and development partners, a supply plan would be prepared to guide procurement the period under consideration. This supply plan would also factor in the destroyed commodities.

## **METHODOLOGY AND ASSUMPTIONS**

The agreed forecasting period ranged from July 2012 to June 2015 and the forecast was to include Family Planning commodity requirements for the entire country (from both public and non-public sectors). Reality Check, a population (morbidity) based forecasting tool, was used to derive quantities. Two other sources of data were used to validate the forecasts and these included service statistics from DHIS-2 and FP commodity consumption and stocks from the KEMSA monthly FP commodity workbooks.

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<sup>1</sup> Sessional Paper No. 3 of 2012 on Population Policy for National Development

## Population subsets

The population covered in the forecast was sexually active Women of Reproductive Age (WRA) constituting approximately 71.5% of total WRA (KDHS 2008/9). Population figures were sourced from the 2008/9 population and housing census and the population of subsequent years were based on the growth rate shown by the same census.

**Table 1: Population sub-sets**

Population sub-set	2012	2013	2014	2015
Total women of reproductive age	10,296,814	10,563,220	10,842,923	11,136,137
Sexually active women of reproductive age (71.5%)	7,362,222	7,552,702	7,752,690	7,962,338

## Revised CPR targets

Based on the Population Policy for National Development (2012 – 2030)<sup>2</sup>, the national CPR targets have been revised as follows:

**Table 2: Revised CPR targets**

Population sub-set	CPR targets (for any modern method)	
	2010	2015
Currently married women of reproductive age	40	52
Sexually active women of reproductive age	45.3	58.9

This quantification was done to avail commodities in line with the DRH goal to realize CPR of 58.9% by 2015 for any modern method for sexually active women of reproductive age.

## Product selection, Percentage Use and Product Mix

The quantification included all family planning commodities as per the public sector method mix; Combined Oral Contraceptives (COCs), Progestin Only Pills (POPs), Depot Medroxyprogesterone Acetate Injection (DMPA), 2-rod Implants (Jadelle), 1-rod Implants (Implanon), Intra-Uterine Contraceptive Device (IUCD), Emergency Contraceptive Pills (EC), Male Condoms, Female Condoms and Cycle Beads.

Ancillary supplies like IUCD insertion kits were not included in this quantification. However, it is important to note that 3,000 kits have been procured by GoK and 6,600 kits by USAID.

<sup>2</sup>ibid

**Table 3: Percentage use for each modern method**

	Method Mix 2010	Method Mix 2015	
Data element	% of Total	% of Total	CPR
POPs	18.74	16.35	9.63
COCs			
DMPA	54.18	50.84	29.94
IUCDs	3.84	5.08	2.99
Implants insertion	4.74	18.42	10.85
Sterilization BTL	10.84	1.34	0.79
Sterilization Vasectomy	0.0	0.08	0.05
Male Condoms	7.67	7.69	4.53
Female Condoms	0.0	0.2	0.12
<b>Totals</b>	<b>100</b>	<b>100</b>	<b>58.9</b>

Method mix for 2010 was derived from the CPR targets from the KDHS 2008/09 and assuming that the method mix did not change during that period. Targets for 2015 were derived from the DHIS-2 2012 service statistics reports on FP uptake and usage by various methods. It was assumed that there would be increased uptake of the LAPMs, particularly the implants, but review of this will be done on a semi-annual basis.

**Table 4: Percentage use of individual products among category**

Pills	POPs	30%	Implants	Jadelle	50%
	COCs	70%		Implanon	50%

Among the individual products, pills will be split between POPs and COCs in the ratio 30:70 respectively. Implants will have equal split between Jadelle and Implanon.

EC pills requirements were calculated using adjusted consumption data for the period January-May 2012, whereas cycle beads requirements were retained as determined in the January 2012 quantification review, since quantities determined then were not procured and no new data was available for consideration.

**Table 5: Product Mix Public and Non-Public**

Product	Public Sector	Non-Public
DMPA	85	15
POPs	100	0
COCs	65	35
Male Condoms	85	15
Implants-Jadelle	85	15
Implants-Implanon	100	0
IUCDs	75	25
Female Condoms	100	0

The public sector contributes the bulk of FP commodities to both public and non-public service providers. The non-public sector commodities contribution is mainly through PSI. The share of commodities contribution per method/product is summarized in table 5 below.

## Logistics parameters for the supply plan

The following inventory management parameters for the program were set for the supply planning activity

- Minimum central stock level of 15 months of supply
- Maximum central stock level of 27 months of supply
- Desired central stock level of 27 months
- Desired interval between orders of 6-12 months (currently only one order is placed per year resulting in a prolonged shipment interval of 12 months)

The order times in months were estimated as follows for the different suppliers based on historical information:

**Table 6: Estimated supply lead times**

Supplier	Plan to Order (Months)	Order to Ship (Months)	Ship to Receive (Months)
Global Fund	8	2	3
Government of Kenya	6	4	3
USAID Deliver Project	6	4	3
DFID	6	4	3
KfW	6	4	3

The supply plans generated (except for condoms) were calculated using adjusted DHIS-2 service statistics on consumption for the period January - December 2012. For condoms, the figures used were based on the NASCOP July 2012 national F&Q exercise. However the supply plan was revised to factor in the destroyed condoms.

## Prices

Prices were drawn from KEMSA latest procurement prices. Central Bank of Kenya mean exchange rate of 1USD = Kshs 86.0522 was used in determining the cost of commodities requirements for the period under review.

**Table 7: Prices of Products for estimation of costs**

Product	Unit Size	Unit Price (USD)
DMPA	Vials	0.955
POPs	Cycles	0.310
COCs	Cycles	0.210
Male Condoms	Pieces	0.029
Implants – Jadelle	Sets	8.500
Implants – Implanon	Sets	22.82
IUCDs	Sets	0.54

Product	Unit Size	Unit Price (USD)
Female Condoms	Pieces	0.72
Cycle Beads	Sets	2.50
Emergency Pills	Doses	0.25

Source: KEMSA, as at 13<sup>th</sup> February 2013

## Data

The following key data was collected for the quantification exercise:

- Stock on Hand (SOH) at Central Level (KEMSA);
- Shipments of commodities ordered to date, but not yet received (UNFPA, KEMSA, USAID, KfW, DFID);
- Stock on Hand (SOH) at peripheral level, based on the December 2012 FP commodity workbook from KEMSA

## Stock on Hand at Central Level (KEMSA)

**Table 8: Central level stock on hand as at 31<sup>st</sup> December 2012**

Product	Unit Size	Available Quantity
DMPA	Vials	1,804,900
POPs**	Cycles	1,114,815
COCs	Cycles	3,226,800
Male Condoms*	Pieces	76,000
Implants – Jadelle	Sets	0
Implants – Implanon	Set	28,978
Female Condoms*	Pieces	18,281
IUCDs	Pieces	65,500
Emergency Pills*	Doses	33,499

\*Condoms and EC pills quantities are as at 31<sup>st</sup> January 2013, to factor in the losses during the January fire at KEMSA (commodities destroyed: 26,209,300 male condoms; 665,191 female condoms; 124,700 doses of EC pills)

\*\*The entire POP stock is expiring in March 2013

## Pending Shipments

**Table 9: GoK Procurements 2012/13**

Commodity	Quantity	Shipments Plan		
		No.	Quantity	Expected Arrival Date
DMPA	3,748,895	1	2,248,895	Feb-13
		2	1,500,000	Feb-13
	635,000	3	635,000	Feb-13
POP	606,411	1	606,411	Mar-13
EC Pills	64,528	1	64,528	Feb-13
Male Condoms	22,521,000	1	22,521,000	Feb-13
	8,389,000	2	8,389,000	Feb-13
Female Condoms	668,000	1	668,000	Mar-13
	137,000	1	137,000	Apr-13
Cycle Beads	76,250	1	76,250	Apr-13

**Table 10: Donor Procurements 2012/13**

Commodity	Quantity	Shipment Plan			
		No.	Quantity	EDA	Agency
DMPA	3,500,000	1	500,000	Nov-12	UNFPA
		2	500,000	Nov-12	
		3	500,000	Feb-13	
		4	500,000	Feb-13	
		5	500,000	Jun-13	
	3,830,000	1	3,830,000	Mar-13	USAID
	8,420,000	1	8,420,000	Jun-13	KfW
Jadelle	90,300	1	34,700	Feb-13	USAID
		2	55,600	Apr-13	
	144,889	1	144,889	Jun-13	KfW
	45,000	1	45,000	Apr-13	DFID
Implanon	159,016	1	159,016	Jun-13	KfW
	45,000	1	45,000	Apr-13	DFID
COCs	5,341,680	1	2,645,280	Feb-13	USAID
		2	2,696,400	Apr-13	
Male Condoms	92,160,000	1	92,160,000	Staggered	WB
	52,000,000	1	26,000,000	Apr-13	DFID
		2	26,000,000	Jun-13	

## QUANTIFICATION RESULTS

### Annual Forecasts

The table below shows the annual FP commodity forecast for the period FY2012/13 to FY 2014/15.

**Table 11: Forecast quantities for individual products**

Product	Unit Price	July 2012 - June 2013		July 2013 - June 2014		July 2014 - June 2015		TOTAL
		Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)	Cost (US\$)
DMPA	0.955	8,393,853	8,016,130	8,951,106	8,548,306	9,537,212	9,108,037	25,672,473
POPs	0.310	3,104,974	962,542	3,273,435	1,014,765	3,450,533	1,069,665	3,046,972
COCs	0.210	7,244,939	1,521,437	7,638,016	1,603,983	8,051,243	1,690,761	4,816,182
EC Pills	0.250	775,623	193,906	775,623	193,906	775,623	193,906	581,717
Implants- Jadelle	8.500	170,529	1,449,501	208,399	1,771,387	248,323	2,110,747	5,331,635
Implants- Implanon	22.820	170,529	3,891,472	208,399	4,755,665	248,323	5,666,734	14,313,871
Male Condoms (Lubricated)	0.029	37,226,815	1,079,578	40,175,339	1,165,085	43,277,632	1,255,051	3,499,714
Female Condoms	0.720	969,042	697,710	1,045,311	752,624	1,125,556	810,400	2,260,735
IUCDs	0.540	69,376	37,463	77,084	41,625	85,208	46,012	125,101
Cycle Beads	2.500	3,024	7,560	3,060	7,650	3,072	7,680	22,890
<b>TOTAL Cost (US\$)</b>			<b>17,857,298</b>		<b>19,854,997</b>		<b>21,958,995</b>	<b>59,671,289</b>

## Supply plan

The expected cost of supply plan (excluding condoms) for the FY2012/13 is USD 15,813,405 and for the FY2013/14 is USD 33,107,718 giving a total of USD 48,921,123 for the two years under consideration. This cost has factored in the quantities required to maintain optimal min-max levels in the supply pipeline and ensure uninterrupted supply pipeline.

**Table 12: FP commodities supply plan for FY2012/13 and FY2013/14 (Maximum level – 27 months; minimum level- 15 months)**

Product	Unit Price	2012/2013		2013/2014		TOTAL
		Base Units	Cost (US\$)	Base Units	Cost (US\$)	Cost (US\$)
DMPA	0.955	11,713,895	11,186,770	17,225,755	16,450,596	27,637,366
POPs	0.310	2,195,325	680,551	864,808	268,090	948,641
COCs	0.210	5,341,680	1,121,753	5,490,548	1,153,015	2,274,768
EC Pills	0.250	127,181	31,732	64,220	16,023	47,755
Implants – Jadelle	8.500	185,300	1,575,050	347,840	2,956,640	4,531,690
Implants – Implanon	22.820	45,000	1,026,900	537,395	12,263,354	13,290,254
IUCDs	0.540	-	-	-	-	0
Cycle Beads	2.500	76,260	190,650	-	-	190,650
<b>TOTAL Cost (US\$)</b>			<b>15,813,405</b>		<b>33,107,718</b>	<b>48,921,123</b>

**Table 13: Total national supply plan for condoms (based on NASCOP F&Q Jul 2012) and factoring in the destroyed condoms**

Product	Unit Price	2012/2013		2013/2014		TOTAL
		Base Units	Cost (US\$)	Base Units	Cost (US\$)	Cost (US\$)
Male Condoms	0.029	602,586,982	17,595,540	191,374,510	5,588,136	23,183,676
Female Condoms	0.720	4,825,726	3,474,523	1,798,689	1,295,056	4,769,579
<b>TOTAL Cost (US\$)</b>			<b>21,070,063</b>		<b>6,883,192</b>	<b>27,953,254</b>



## Gap analysis

Excluding condoms, the commodities already committed against the supply plan are worth USD 14,880,210 in FY 2012/13, and USD 12,901,402 in FY 2013/14. Therefore the funding gaps are **USD 933,195** for 2012/13 and **USD 20,206,317** for 2013/14.

For condoms, the funding gaps are **USD 15,378,419** for FY 2012/13 and **USD 6,883,192** for FY2013/14.

Product	Unit Price	2012/2013						2013/2014					
		TOTAL		COMMITTED		GAP		TOTAL		COMMITTED		GAP	
		Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)
DMPA	0.955	11,713,895	11,186,770	11,713,895	11,186,770	-	-	17,225,755	16,450,596	8,420,000	8,041,100	8,805,755	8,409,496
POPs	0.310	2,195,325	680,551	606,411	187,987	1,588,914	492,563	864,808	268,090	-	-	864,808	268,090
COCs	0.210	5,341,680	1,121,753	5,341,680	1,121,753	-	-	5,490,548	1,153,015	-	-	5,490,548	1,153,015
EC Pills	0.250	127,181	31,732	64,528	16,100	62,653	15,632	64,220	16,023	-	-	64,220	16,023
Implants - Jadelle	8.500	185,300	1,575,050	135,300	1,150,050	50,000	425,000	347,840	2,956,640	144,889	1,231,557	202,951	1,725,084
Implants - Implanon	22.820	45,000	1,026,900	45,000	1,026,900	-	-	537,395	12,263,354	159,016	3,628,745	378,379	8,634,609
IUCDs	0.540	-	-	-	-	-	-	-	-	-	-	-	-
Cycle Beads	2.500	76,260	190,650	76,260	190,650	-	-	-	-	-	-	-	-
<b>TOTAL Cost (US\$)</b>			<b>15,813,405</b>		<b>14,880,210</b>		<b>933,195</b>		<b>33,107,718</b>		<b>12,901,402</b>		<b>20,206,317</b>

(Details of the commitments in appendix 3)

Product	Unit Price	2012/2013						2013/2014					
		TOTAL		COMMITTED		GAP		TOTAL		COMMITTED		GAP	
		Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)	Base Units	Cost (US\$)
Male Condoms	0.029	602,586,982	17,595,540	175,070,000	5,112,044	427,516,982	12,483,496	191,374,510	5,588,136	-	-	191,374,510	5,588,136
Female Condoms	0.720	4,825,726	3,474,523	805,000	579,600	4,020,726	2,894,923	1,798,689	1,295,056	-	-	1,798,689	1,295,056
<b>TOTAL</b>			<b>21,070,063</b>		<b>5,691,644</b>		<b>15,378,419</b>		<b>6,883,192</b>		<b>0</b>		<b>6,883,192</b>

## **CONCLUSIONS AND RECOMMENDATIONS**

The forecasting and supply planning for FP commodities is complicated by a number of uncertainties such as uncertainty in procurement lead times, uncertainty in timing of funding flows and uncertainty in stock quantities at downstream supply chain (lower level health facilities and district medical stores).

This quantification however attempted to factor in downstream stocks and this showed a great reduction of the supply plan quantities generated. For example, the usage of IUCDs at peripheral level was found to be very low, with stocks at facilities and district stores amounting to almost 80 months of stock. Thus there is no gap for IUCDs supply nationally. This low uptake at peripheral level should be investigated.

Condoms pipeline remains a challenge due to poor coordination. In view of the higher proportion of condoms utilization for STI and HIV prevention in comparison to family planning, NASCOP leadership in planning and resource mobilization cannot be overemphasized. Thus NASCOP should be compelled to take up this responsibility to avert supply disruptions for both male and female condoms.

In addition, the quantification appears to be biased to family planning commodities without due regard to essential accessories such as IUCD insertion kits that are required to facilitate service delivery and utilization of the IUCDs.

Until the above challenges are addressed fully, it will remain a challenge to guarantee commodity security in the program.

The team made a number of recommendations to improve FP commodity security:

- (1) monthly monitoring of supply plan to ensure uninterrupted supply pipeline
- (2) focus on accessing regular accurate and complete downstream data to help in national planning
- (3) mobilization of resources for all shipments that are planned but unfunded in the current supply plan
- (4) joint resource mobilization for procurement of condoms by both NASCOP and DRH with NASCOP as the lead
- (5) adherence to the agreed timelines for committed funds and procurements
- (6) regular updates from the procuring agencies to ensure uninterrupted supply.

## APPENDIX

### Appendix 1: Workshop Timetable

#### DAY 1: Wednesday 13<sup>th</sup> February 2013

TIME	ACTIVITY/SESSION	FACILITATOR
8:30 – 9:00 am	Registration	Rapporteur (MSH   HCSM)
9:00 – 9:10 am	Introductions and objectives of the meeting	DRH
9:10 – 9:30 am	Program status update	DRH
9:30 – 10:00am	Central level stocks, distribution trends and ongoing procurements	KEMSA
10:00 -10:30am	Quantification assumptions and methodology	DRH and MSH   HCSM
<b>10.30 – 11:00am</b>	<b>TEA BREAK</b>	
11:00 – 12:00pm	Finalisation of assumptions	DRH and MSH   HCSM
12:00 – 1:00pm	FP commodity forecast using Reality Check	All
<b>1:00 – 2:00 pm</b>	<b>LUNCH</b>	
2:00 – 4:00pm	FP commodity forecast using Reality Check	All
4:00 – 4:30pm	Wrap-up and plan for Day 2	DRH

#### DAY 2: Thursday 14<sup>th</sup> February 2013

TIME	ACTIVITY/SESSION	FACILITATOR
8:30 – 9:00am	Recap of day 1 sessions	DRH
9:00 – 10:00am	Review and rationalization of FP commodity forecast results	All
<b>10:00 – 10:30 AM</b>	<b>TEA BREAK</b>	
10:30am – 1:00pm	Supply planning, using Pipeline	All
<b>1:00 – 2:00 PM</b>	<b>LUNCH</b>	
2:00 – 3:00pm	Supply planning/Procurement planning	All
3:00 – 3.30pm	Wrap-up, way forward and closure	DRH

**Appendix 2: Participant's list**

No	Name	Title/ Cadre	Facility/ Organization	Telephone No.	Email Add
1	Wambui Waithaka	STA- FP	MSH/HCSM	020-2529191	<a href="mailto:wwaithaka@msh.org">wwaithaka@msh.org</a>
2	James Riungu	STA- SC	MSH/HCSM	0722-744145	<a href="mailto:jriungu@msh-kenya.org">jriungu@msh-kenya.org</a>
3	Alice Micheni	SCA	USAID/ KE	0714-606709	<a href="mailto:amicheni@usaid.gov">amicheni@usaid.gov</a>
4	Jonah Maina	ACP	DRH	0733-853805	<a href="mailto:Jonahmwangi_drh@dfh.or.ke">Jonahmwangi_drh@dfh.or.ke</a>
5	George Walukana	RCSO	KEMSA	0733-450029	<a href="mailto:George.walukana@kemsaco.ke">George.walukana@kemsaco.ke</a>
6	Yvonne Otieno	CS	MSH/HCSM	0706000321	<a href="mailto:yotieno@msh.org">yotieno@msh.org</a>
7	Julia Fimpel	Prog Manager	KFW	0707-368056	<a href="mailto:Julia.fimpel@kfw.de">Julia.fimpel@kfw.de</a>
8	Dr Marja	Health Advisor	KFW	+496974311905	<a href="mailto:Marja.kowalewshi@kfw.de">Marja.kowalewshi@kfw.de</a>
9	Samwel Kamau	PA	MSH/HCSM	0725-740340	<a href="mailto:skimani@msh-kenya.org">skimani@msh-kenya.org</a>

Appendix 3: Detailed supply plan (maximum level: 27 months; minimum level: 15 months)

Product	Unit Price	Funding Source	2012/2013		2013/2014		TOTAL
			Base Units	Cost (US\$)	Base Units	Cost (US\$)	Cost (US\$)
DMPA	0.955	GOK	4,383,895	4,186,620	0	0	27,637,366
		USAID	3,830,000	3,657,650	0	0	
		UNFPA	3,500,000	3,342,500	0	0	
		KfW		0	8,420,000	8,041,100	
		TBD	0	0	8,805,755	8,409,496	
POPs	0.310	GOK	606,411	187,987	0	0	948,641
		TBD	1,588,914	492,563	864,808	268,090	
COCs	0.210	USAID	5,341,680	1,121,753	0	0	2,274,768
		TBD	0	0	5,490,548	1,153,015	
EC Pills	0.250	GOK	64,528	16,100	0	0	47,755
		TBD	62,653	15,632	64,220	16,023	
Implants - Jadelle	8.500	USAID	90,300	767,550	0	0	4,531,690
		KfW	0	0	144,889	1,231,557	
		DFID	45,000	382,500	0	0	
		TBD	50,000	425,000	202,951	1,725,084	
Implants - Implanon	22.820	DFID	45,000	1,026,900	0	0	13,290,254
		KfW	0	0	159,016	3,628,745	
		TBD	0	0	378,379	8,634,609	
IUCDs	0.540	TBD	0	0	0	0	0
Cycle Beads	2.500	GOK	76,260	190,650	0	0	190,650
TOTAL Cost (US\$)				15,813,405		33,107,718	48,921,123

Detailed supply plan for condoms (maximum level- 27 months; minimum level- 15 months)

Product	Unit Price	Funding Source	2012/2013		2013/2014		TOTAL
			Base Units	Cost (US\$)	Base Units	Cost (US\$)	Cost (US\$)
Male Condoms	0.029	GOK	30,910,000	902,572	0	0	23,183,676
		WB	92,160,000	2,691,072	0	0	
		DFID	52,000,000	1,518,400	0	0	
		TBD	427,516,982	12,483,496	191,374,510	5,588,136	
Female Condoms	0.720	GOK	805,000	579,600	0	0	4,769,579
		TBD	4,020,726	2,894,923	1,798,689	1,295,056	
TOTAL Cost (US\$)				21,070,063		6,883,192	27,953,254